

Adams, Hope

From: Wessinger-Hill, JoAnne
Sent: Friday, July 30, 2021 4:18 PM
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Cc: PSC_Contact; Besley, Sharon
Subject: RE: Hearing Exhibit ** -- (Cross Examination Exhibit No. Hanson) -- DN 2020-263-E
Attachments: Hanson Rebuttal Cross Exhibit 1.pdf

Parties:

Attached is a copy of the Cross Examination Exhibit regarding the Witness on the stand.

Jo Anne

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Form 556

Certification of Qualifying Facility (QF) Status for a Small Power Production or Cogeneration Facility

Application Information

1a Full name of applicant (legal entity on whose behalf qualifying facility status is sought for this facility) The Coca-Cola Company			
1b Applicant street address One Coca-Cola Plaza			
1c City Atlanta		1d State/province GA	
1e Postal code 30313	1f Country (if not United States)		1g Telephone number 404-676-2121
1h Has the instant facility ever previously been certified as a QF? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
1i If yes, provide the docket number of the last known QF filing pertaining to this facility: QF12 - 120 - 000			
1j Under which certification process is the applicant making this filing? <input checked="" type="checkbox"/> Notice of self-certification (see note below) <input type="checkbox"/> Application for Commission certification (requires filing fee; see "Filing Fee" section on page 3) Note: a notice of self-certification is a notice by the applicant itself that its facility complies with the requirements for QF status. A notice of self-certification does not establish a proceeding, and the Commission does not review a notice of self-certification to verify compliance. See the "What to Expect From the Commission After You File" section on page 3 for more information.			
1k What type(s) of QF status is the applicant seeking for its facility? (check all that apply) <input type="checkbox"/> Qualifying small power production facility status <input checked="" type="checkbox"/> Qualifying cogeneration facility status			
1l What is the purpose and expected effective date(s) of this filing? <input type="checkbox"/> Original certification; facility expected to be installed by _____ and to begin operation on _____ <input checked="" type="checkbox"/> Change(s) to a previously certified facility to be effective on 10/1/19 (identify type(s) of change(s) below, and describe change(s) in the Miscellaneous section starting on page 19) <input type="checkbox"/> Name change and/or other administrative change(s) <input type="checkbox"/> Change in ownership <input checked="" type="checkbox"/> Change(s) affecting plant equipment, fuel use, power production capacity and/or cogeneration thermal output <input type="checkbox"/> Supplement or correction to a previous filing submitted on _____ (describe the supplement or correction in the Miscellaneous section starting on page 19)			
1m If any of the following three statements is true, check the box(es) that describe your situation and complete the form to the extent possible, explaining any special circumstances in the Miscellaneous section starting on page 19. <input type="checkbox"/> The instant facility complies with the Commission's QF requirements by virtue of a waiver of certain regulations previously granted by the Commission in an order dated _____ (specify any other relevant waiver orders in the Miscellaneous section starting on page 19) <input type="checkbox"/> The instant facility would comply with the Commission's QF requirements if a petition for waiver submitted concurrently with this application is granted <input type="checkbox"/> The instant facility complies with the Commission's regulations, but has special circumstances, such as the employment of unique or innovative technologies not contemplated by the structure of this form, that make the demonstration of compliance via this form difficult or impossible (describe in Misc. section starting on p. 19)			

Contact Information	2a Name of contact person Gunter T. Sweat, General Manager		2b Telephone number (714) 493-1165	
	2c Which of the following describes the contact person's relationship to the applicant? (check one) <input type="checkbox"/> Applicant (self) <input type="checkbox"/> Employee, owner or partner of applicant authorized to represent the applicant <input checked="" type="checkbox"/> Employee of a company affiliated with the applicant authorized to represent the applicant on this matter <input type="checkbox"/> Lawyer, consultant, or other representative authorized to represent the applicant on this matter			
	2d Company or organization name (if applicant is an individual, check here and skip to line 2e) <input type="checkbox"/> Coca-Cola Atlanta Syrup Plant			
	2e Street address (if same as Applicant, check here and skip to line 3a) <input type="checkbox"/> 3791 Browns Mill Road			
	2f City Atlanta		2g State/province GA	
	2h Postal code 30354		2i Country (if not United States)	
Facility Identification and Location	3a Facility name Atlanta Syrup Branch			
	3b Street address (if a street address does not exist for the facility, check here and skip to line 3c) <input type="checkbox"/> 3791 Browns Mill Road			
	3c Geographic coordinates: If you indicated that no street address exists for your facility by checking the box in line 3b, then you must specify the latitude and longitude coordinates of the facility in degrees (to three decimal places). Use the following formula to convert to decimal degrees from degrees, minutes and seconds: decimal degrees = degrees + (minutes/60) + (seconds/3600). See the "Geographic Coordinates" section on page 4 for help. If you provided a street address for your facility in line 3b, then specifying the geographic coordinates below is optional. Longitude <input type="checkbox"/> East (+) _____ degrees Latitude <input type="checkbox"/> North (+) _____ degrees <input type="checkbox"/> West (-) _____ degrees <input type="checkbox"/> South (-) _____ degrees			
	3d City (if unincorporated, check here and enter nearest city) <input checked="" type="checkbox"/> Atlanta		3e State/province GA	
	3f County (or check here for independent city) <input type="checkbox"/> Fulton		3g Country (if not United States)	
Transacting Utilities	Identify the electric utilities that are contemplated to transact with the facility.			
	4a Identify utility interconnecting with the facility Georgia Power Company			
	4b Identify utilities providing wheeling service or check here if none <input checked="" type="checkbox"/>			
	4c Identify utilities purchasing the useful electric power output or check here if none <input type="checkbox"/> Georgia Power Company			
Transacting Utilities	4d Identify utilities providing supplementary power, backup power, maintenance power, and/or interruptible power service or check here if none <input type="checkbox"/> Georgia Power Company			